

I. Introduction

Before a contractor may submit encounter data, AHCCCSA requires the completion of certain agreements, authorizations and control documents. In addition, a contractor must submit a concurrent attestation certification indicating that, based on best knowledge, information and belief, data submitted to AHCCCSA is accurate, complete and truthful. These documents are as follows:

- Exhibit 2A: Health Plan/Program Contractor Encounter Submission Notification and Transmission Submitter Number (TSN) Application
- Exhibit 2B: Electronic Data Interchange Agreement
- Exhibit 2C: Data Certification E-mail – concurrently submitted with each file

II. Purpose of Control Documents

AHCCCSA requires control documents for legal purposes. They provide:

- A supplemental, contractual agreement specific to AHCCCSA and the contractor for the submission, acceptance and processing of encounter data;
- AHCCCSA with the names and signatures of contractor representatives authorized to submit encounter data; and
- Authorization for AHCCCSA to process the information on encounter data files, and verification that it is accurate, complete, and truthful.

If a contractor intends to change vendors (including termination or change of a contract with the vendor), the Contractor must notify the Encounter Unit prior to the change. AHCCCSA will then require completion of new control documents authorizing encounter submissions.

III. Testing Process for New Contractors

In order to ensure the success of encounter data submissions, new contractors must go through a testing phase before submitting official encounter data to AHCCCSA. Prior to beginning the testing phase, contractors must have provided all necessary control documents to the AHCCCS Encounter Unit. New contractors are encouraged to begin this process as soon as possible after the award of a contract. Once the Encounter Unit receives the necessary authorizations, AHCCCSA will assign a Transmission Submitter Number (TSN) and notify the contractor. AHCCCSA will also schedule a training session for the contractor and/or designated subcontractor during which the testing process will be reviewed.

Technical assistance is available from Encounter Unit staff during the testing period. When AHCCCSA verifies that a contractor has successfully completed the testing process, the contractor will be allowed to begin submitting encounters.

IV. Control Document Instructions

Instructions for all encounter submission-related forms or data certification e-mail are available from the Encounter Unit. Samples of these are included and discussed in Exhibits 2A, 2B, and 2C.

V. Data Certification Contractor Information

The automated data certification e-mail process requires selected contractor information, such as who certifies data and who receives reports, to be regularly maintained and updated by AHCCCSA. The following information must be provided to AHCCCSA:

- First Name
- Last Name
- Title
- E-mail Address
- Authorized to certify data? (Y/N)
- Receive reports? (Y/N)

Only the CEO, CFO or direct report may certify data, however other staff are eligible to receive reports. In addition, those certifying data may also receive reports.

EXHIBIT 2A

Health Plan/Program Contractor Encounter Submission Notification And Transmission Submitter Number (TSN) Application

**Exhibit 2A: Health Plan/Program Contractor Encounter Submission
Notification and Transmission Submitter Number (TSN) Application**

The application provides notice to the Encounter Unit of the designated person authorized to submit and receive encounter data and related information from AHCCCSA. It also furnishes an estimate of monthly encounters to be reported by the contractor. Contractors must complete this notification form before testing and submitting encounter data to AHCCCSA.

Upon receipt of this application, a TSN is issued. The TSN allows AHCCCS to identify the contractor identification number(s)?, county codes, and lines of business for which that transmission submitter is authorized to submit encounters.

Field No.	Instructions
1.	Enter the name of the contractor.
2.	Enter the contractor's ID number assigned by AHCCCSA.
3.	Enter the date the contractor will begin submitting encounters to AHCCCSA.
4-8	Enter the contractor's complete address and telephone number, and the encounter contact person and contact person's telephone number
9-12	Enter the monthly estimate of volumes for 837P (Form A), 837D (Form D), 837I (Form B) and NCPD (Form C) encounters that will be submitted to AHCCCSA.
13	Enter the name of the person authorized to send and receive encounter data (may be an employee of the contractor or an employee of a subcontracted vendor).
14.	Type or print the CEO/Administrator's name.
15.	Enter the date the application is signed.
16.	Signature of the CEO/Administrator.

Arizona Health Care Cost Containment System

Health Plan/Program Contractors Encounter Submission Notification And Transmission Submitter Number (TSN) Application

In order to submit encounter data to AHCCCS, Health Plans/Program Contractors (Contractors) must be assigned a Transmission Submitter Number (TSN). To apply for your contractor TSN, please complete this application and forward to the Encounter Unit at 701 East Jefferson, Mail Drop 6600, Phoenix, Arizona 85034.

1. Health Plan/Program Contractor Name:

2. ID Number:

3. As representative for the above Health Plan/Program Contractor (Contractor), I hereby notify the AHCCCS Administration Encounter Unit that the contractor's encounter submission will start on ____/____/____. The contractor named above agrees to submit all encounter data, and correct any encounter submission errors within the limited time frame prescribed by the AHCCCS Administration.

4. Contractor Address: (Street)

5. (City, State & Zip Code)

6. Contractor Telephone Number:

7. Contact Person's Name:

8. Contact Person's Telephone Number:

Contractor estimates that the monthly average encounter submission volume will be as follows:

- | | |
|-------------------------------|--|
| 9. 837P (Form A) Encounters: | |
| 10. 837D (Form D) Encounters: | |
| 11. 837I (Form B) Encounters: | |
| 12. NCPD (Form C) Encounters: | |

13. Contractor requests that encounter related files/reports from the AHCCCS Administration be made available to:

14. CEO/Administrator:

15. Date:

16. Signature: